


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90128 017 ****70.00

DOCUMENT # N97000000512
1. Entity Name
BY THE WORD OF FAITH CHURCH, INC.



Principal Place of Business Mailing Address
BY THE WORD OF FAITH CHURCH, INC.
558 28TH ST. SO.
SAINT PETERSBURG FL 33712
US

558 28TH STREET SOUTH
008/0090 558 28TH ST. SO
ST PETERSBURG FL 33712
US

14010704



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
BY THE WORD OF FAITH CHURCH, INC. 558 28TH STREET SOUTH
Suite, Apt. #, etc. Suite, Apt. #, etc.
558 28TH ST SO 008/0090- 558 28TH ST SO

City & State City & State
ST. PETERSBURG FL ST. PETERSBURG

Zip Country Zip Country
33712 Pinellas FL Pinellas

4. FEI Number 59-3424347 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANDS, WILLIE
3537 BEACH DR SOUTHEAST
SAINT PETERSBURG FL 33705

7. Name and Address of New Registered Agent
Name Willie SANDS
Street Address (P.O. Box Number is Not Acceptable)
3537 BEACH DR SOUTHEAST
City ST. PETERSBURG FL Zip Code 33705

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Willie Sands* - Willie SANDS 04-27-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	AP	<input type="checkbox"/> Delete
NAME	SANDS, WILLIE	
STREET ADDRESS	558 28TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, LORENZO	
STREET ADDRESS	558 28TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TEAGLE, ROBERT	
STREET ADDRESS	558 28TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	TR	<input type="checkbox"/> Delete
NAME	JONES, LORENZO	
STREET ADDRESS	558 28TH ST. SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	TOBY, MICHAEL	
STREET ADDRESS	558 28TH STREET, SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WIGGINS, RICHARD	
STREET ADDRESS	558 28TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie Sands* - Willie SANDS 04-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #